

Paid Feeding Assistants

Guidance Training

CFR §483.35(h), 483.160
F373



2007

1

Introduce yourself and other staff who are participating as presenters.

Welcome the audience participants.

Provide logistical information such as anticipated length of presentation, location of restrooms, vending machines, etc., if appropriate.

Today's Agenda

- Regulation
- Interpretive Guidelines
- Triggers to Investigation
 - Task 2, Entrance Conference
 - Dining & Food Service Protocol
 - Complaints (on & off site)
- Investigative Protocol
- Determination of Compliance
- Deficiency Categorization



2007

2

[Provide each participant with a copy of the Guidance.]

First, let us begin by discussing what you have received in your training materials. Today's agenda consists of the topic areas that make up the components of the Guidance you received. We will discuss each component in detail and talk about how to employ them during the survey process.

(Move to the next slide and review the training objectives)

Training Objectives

- To describe the intent of the Paid Feeding Assistant regulation
- To describe how to utilize the components of the investigative protocol
- To identify compliance with the regulation
- To assign appropriate level of severity for noncompliance



2007

3

Continuation from Slide 2.

Read slide.

Discuss the objectives with the participants.

Message:

The paid feeding assistant regulation provides the foundational requirements to ensure that **safe care** is provided to those nursing home residents who are appropriate to receive the services of a paid feeding assistant.

F373-§483.35(h) - Paid feeding assistants

- (1) State-approved training course. A facility may use a paid feeding assistant, as defined in §488.301 of this chapter, if—
 - (i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and
 - (ii) The use of feeding assistants is consistent with State law.



2007

4

The regulation is located at F373 under the Dietary Regulatory grouping.

The regulation addresses the need for a State approved training course if the State elects to implement this requirement. The State must establish an approval program for paid feeding assistant training programs. The minimum Federal requirements (§ 483.160) for training of paid feeding assistants are a minimum of 8 hours of training in the following:

1. Feeding techniques.
2. Assistance with feeding and hydration.
3. Communication and interpersonal skills.
4. Appropriate responses to resident behavior.
5. Safety and emergency procedures, including the Heimlich maneuver.
6. Infection control.
7. Resident rights.
8. Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.

Also, a facility must maintain a record of all individuals, used by the facility as a feeding assistant, who have successfully completed a state approved training course for paid feeding assistants.

F373-§483.35(h) - Paid feeding assistants

- (2) Supervision.
 - (i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).
 - (ii) In an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system.



2007

5

It also includes the requirements:

- For supervision of paid feeding assistants,
- For the criteria for selection of residents to receive the services from a paid feeding assistant; and,
- For the facility's on-going assessment of each resident receiving these services.

F373-§483.35(h) - Paid feeding assistants

- (3) Resident selection criteria.
 - (i) A facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems.
 - (ii) Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.
 - (iii) The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care.



Interpretive Guidelines Components

- Intent
- Definitions
- Overview
- Investigative Protocol



You have received a copy of the regulation and Interpretive Guidelines in your training packet. You may want to have these available to reference throughout the training.

Interpretive Guidelines

Intent

To ensure that paid feeding assistants (PFAs):

- Are used only when consistent with State law and when they have successfully completed a State approved training program;
- Are supervised by an RN or LPN;
- Only assist residents who DO NOT have complicated feeding problems; and
- Provide assistance based on resident assessment and care plan.



2007

8

As you can see the intent of this requirement is to cover all aspects for the use of paid feeding assistants. We will address each of these components in more detail in the following slides.

Interpretive Guidelines

Definitions

- Paid Feeding Assistant
- Resident Call System

2007

9



There are two definitions:

“Paid feeding assistant” is defined in regulation at 42 C.F.R. § 488.301 as “an individual who meets the requirements specified in 42 C.F.R. § 483.35(h)(1)(i) of this chapter and who is paid to feed residents by a facility, or who is used under an arrangement with another agency or organization.”

NOTE: The regulation uses the term, “paid feeding assistant.” While we are not using any other term, facilities and States may use whatever term they prefer, such as dining assistant, meal assistant, resident assistant, nutritional aide, etc. in order to convey more respect for the resident. Facilities may identify this position with other titles; however, the facility must be able to identify those employees who meet the requirements under the paid feeding assistant regulation. **These requirements do not apply to family and/or volunteers who may be providing the resident with assistance.**

“Resident call system,” for the purposes of this requirement includes not only the standard hard-wired call system but other means in an emergency situation a paid feeding assistant can achieve timely notification of a supervisory nurse (when not present in the room) by a paid feeding assistant in an emergency situation.

Interpretive Guidelines Overview

- To provide nutrition and hydration support to residents who:
 - May be at risk for unplanned weight loss and dehydration.
 - Have no complicated problems associated with eating or drinking,
 - Cannot or do not eat independently due to physical or cognitive disabilities, or
 - Need cueing or encouragement to eat.
- The use of paid feeding assistants is:
 - To supplement certified nurse aides, and
 - Not to substitute for nurse aides or licensed nursing staff.



2007

10

The intent behind the use of paid feeding assistants by nursing homes is to provide nutrition and hydration support to residents who may be at risk for unplanned weight loss and dehydration. These are residents with no complicated problems associated with eating or drinking, who cannot or do not eat independently due to physical or cognitive disabilities, or those who simply need cueing or encouragement to eat.

Facilities are required by §483.30, Nursing Services, to have sufficient qualified nursing staff available on a daily basis to meet residents' needs for nursing care. The use of paid feeding assistants is intended to supplement certified nurse aides, not substitute for nurse aides or licensed nursing staff. Use of paid feeding assistants is an option for nursing homes if their state approves the use of paid feeding assistants and establishes a mechanism to approve training programs for paid feeding assistants.

Interpretive Guidelines Charge Nurse Assessment

- Resident selection based upon:
 - Current assessment of resident's condition
 - Latest comprehensive assessment & plan of care.
- Only residents who **do not** have complicated eating or drinking problems.



2007

11

The facility must base resident selection on the charge nurse's assessment. This assessment is based on the resident's current condition, the latest comprehensive assessment and the plan of care.

Paid feeding assistants can only feed residents who do not have complicated eating or drinking problems. Complicated feeding problems include but are not limited to:

- difficulty swallowing,
- recurrent lung aspirations and
- tube or parenteral/IV feedings.

Interpretive Guidelines Supervision of Paid Feeding Assistants

Paid feeding assistants must:

- Be supervised by an RN or LPN
- In the event of an emergency immediately call a supervisory nurse for help on the resident call system.



2007

12

The requirement does not prescribe the exact manner in which the supervision must be done. However, it is expected that the supervision of paid feeding assistants will be performed in a manner that avoids negative outcomes for the residents. The requirement also stresses that the facility needs to have a means for a paid feeding assistant to obtain timely help of a supervisory nurse.

Instructor: Ask participants this question, “When do you think a paid feeding assistant may assist a resident to eat or drink?”

Answers: As long as the activity is supervised the paid feeding assistant may provide assistance at regular mealtimes or snack times or other occasions when food or drinks are served.

Interpretive Guidelines Resident Call System

In an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system.



2007

13

Instructor: Ask participants to identify locations in a facility where they have seen residents eating or drinking.

Answer: Dining areas, activity rooms, or areas such as patios or porches in which a resident call system is not readily available.

Instructor: Can someone tell me what is the requirement for a resident call system?

Answer: The resident call system requirement at §483.70(f), F463, specifies that the call system be available in the residents rooms and bathrooms.

Instructor: Regardless of where a resident is being assisted to eat or drink, in the case of an emergency, the facility needs to have a means for a paid feeding assistant to obtain timely help of a supervisory nurse. Therefore, for the purposes of this requirement, a “resident call system” includes not only the standard hard-wired or wireless call system but other means in an emergency situation by which a paid feeding assistant can achieve timely notification of a supervisory nurse.

Interpretive Guidelines Use of Existing Staff

- Facilities may use existing staff to assist eligible resident to eat & drink.
- The employees must have successfully completed a State-approved training course for paid feeding assistants.



2007

14

Staff may include, for example, administrative, clerical, housekeeping, dietary staff, or activity specialists.

Employees used as paid feeding assistants, regardless of their position, are subject to the same training and supervisory requirements as any other paid feeding assistant.

These requirements do not apply to family and/or volunteers who may be providing the resident with assistance. When the paid feeding assistant regulation was released for comment, several commenters suggested that CMS require volunteers to complete the training requirements for feeding residents. CMS responded that it was up to each facility to determine whether or not to require volunteers and family members to complete feeding assistance training. Ultimately, facilities are responsible for the care and safety of residents, even if the residents are fed by a relative or friend.

Interpretive Guidelines

Maintenance of Records

- Facility must maintain a record of all individuals who are paid feeding assistants.
- Records should include verification that paid feeding assistant successfully completed State approved paid feeding assistant training.



2007

15

Read the slide.

The requirement does not prescribe specifically how the records should be maintained. However, the facility should have these records available for all staff being used as paid feeding assistants, whether they are directly employed by the facility or temporary (contract) staff.

Paid Feeding Assistants

Investigative Protocol



2007

16

Investigative Protocol

Components

- Use
- Objectives
- Procedure



Investigative Protocol- Use

Triggers for use

- Concerns identified through:
 - Observation
 - Interviews
 - Record Review



2007

18

This protocol is not required during the standard survey, unless the surveyor is notified of a care concern\problem through observation, interviews with residents, family, or staff, &\or chart review, that the facility may not be following the requirements regarding paid feeding assistants including proper training and supervision and proper selection of residents for feeding assistance.

Concerns may have been identified off site by the ombudsman or through complaints that have been received and are to be followed up while on site during the survey.

Concerns may be identified during the Dining & Food Services Observation. For example, if you observe a resident who is being assisted by a staff member to eat or drink, and the resident is having problems with eating or drinking, inquire if the staff member who is assisting them is a paid feeding assistant.

In addition, during the survey, concerns may be identified by residents, family, and/or staff regarding the provision of services by the paid feeding assistant. Another way concerns may be identified is during the resident record review. You may identify that a resident who has complicated feeding problems is receiving the services of a paid feeding assistant.

Investigative Protocol- Use

Triggers for Use:

- Task 2 Entrance Conference:
 - Ask the administrator if the facility utilizes paid feeding assistants.
 - If yes, request further information about how & where the paid feeding assistants receive their training
 - Request the names of staff, including agency staff, who have successfully completed paid feeding assistant training.

****NOTE: Facilities that have a nursing waiver cannot use paid feeding assistants when a licensed nurse is not available.**



2007

19

Some other concerns regarding F373 may be identified during the Task 2 Entrance Conference.

Prior to surveying for F373 you will need to know if the use of paid feeding assistants is authorized in your State. If yes, then during the entrance conference you will need to find out if the nursing home uses paid feeding assistants.

If the facility uses paid feeding assistants, as employees or temporary staff, then take the first step to determine compliance with the training requirement by asking the administrator for:

Information about how and where paid feeding assistants were trained.

Request the names of staff, including agency staff, who have successfully completed paid feeding assistant training.

NOTE: Facilities that have a nursing waiver cannot use paid feeding assistants when a licensed nurse is not available.

Investigative Protocol Procedures

- The surveyor should conduct observations at the next opportunity for fluids or food to be served; or
- If dining observations have already been conducted, it is the team's discretion as to whether additional observations are necessary.



2007

20

The decision on whether more observations of services to a resident(s) by a paid feeding assistant are needed will be made by the survey team. For example, if concerns had been identified off site, such as from a complaint, observations of the provision of food and fluids for the identified resident should be conducted. However, if during the dining and food services observations, sufficient observations have occurred to support decision making, the team may make the decision that further observations are not needed.

Investigative Protocol Observations

- Determine if residents with complicated feeding problems are being fed by paid feeding assistants.
- If a concern with technique and/or outcomes is identified, investigate further to determine if:
 - the resident is eligible for this assistance; and
 - how supervision is provided.



2007

21

Paid feeding assistants must not feed residents who have medical conditions such as: recurrent lung aspirations, difficulty swallowing, or those residents on feeding tubes or parenteral/IV feedings.

Instructor: Ask the participants to identify examples of feeding techniques or resident outcomes based on observations of eating and drinking that might cause concern.

Answer: Feeding too quickly, providing too much food for the resident to chew, not allowing the resident time to finishing chewing their food or swallow, and feeding so quickly that the resident is pocketing their food. Outcomes could include coughing, choking, or refusal to eat.

Investigative Protocol

Interviews: Resident &/or Representative

- Interview the selected resident (if interviewable) to determine:
 - Why they are receiving the services of a paid feeding assistant
 - Whether they are receiving the assistance they need to eat or drink.
 - If concerns are identified did they report these to a nurse.
- If the resident is not interviewable ask these question of their representative



2007

22

Interview the selected resident and/or their representative about the level of assistance needed to eat or drink, as well as how the facility is meeting the resident's needs in providing eating assistance.

If the resident identifies specific concerns regarding the services provided by the paid feeding assistant, ask whether the resident has reported these concerns to a nurse and if so, who. Ask if there were any changes as a result of their report.

Investigative Protocol

Interviews: Paid Feeding Assistant

- Interview the paid feeding assistant to determine whether there are concerns with:
 - Training
 - Supervision
 - Selection of resident



2007

23

Interview the paid feeding assistant who was observed assisting the selected resident to determine whether there are concerns with training, supervision or the selection of the resident. Ask questions such as:

- What training did you successfully complete in providing feeding assistance?
- What information did you receive about this resident's needs for assistance (type of assistance needed, any precautions)?
- In what manner and by whom are you supervised while assisting residents?
- What issues/problems do you report (such as coughing, choking, changes in the resident's usual responses, or level of alertness) and to whom do you report?
- What would you do if an emergency occurred while you were assisting a resident to eat or drink?
- Who would you contact and how would you contact them if you are not near the resident call system?

Follow-up on any areas of concern that were identified during this interview with the charge and/or supervisory nurse.

Investigative Protocol

Interviews: Charge & Supervisory Nurse

- Interview the charge nurse to determine:
 - How they assess a resident to receive services from a paid feeding assistant.
- Interview the charge & supervisory nurse to determine:
 - How supervision is provided for the paid feeding assistant.



2007

24

Interview the charge nurse who is responsible for assessing this resident as eligible to receive assistance by a paid feeding assistant. Ask:

- How they determined that this resident has no complicated feeding problems and is eligible to be assisted by a paid feeding assistant;
- How they determine that each eligible resident remains free of emergent complicated feeding problems;
- Who supervises paid feeding assistants and how is the supervision accomplished;
- Describe the processes in place to handle emergencies when a supervisor is not present in the area where paid feeding assistants are assisting residents.

Interview the nurse who is supervising the resident during the meal or other times when the paid feeding assistant is assisting the resident to eat or drink.

- Ask how they supervise paid feeding assistants.
- Ask them to describe the processes in place to handle emergencies when a supervisor is not present in the area where paid feeding assistants are assisting residents.

Investigative Protocol Record Review

Review the facility records that are maintained for all paid feeding assistants regarding their successful completion of the State approved paid feeding assistant training course.



2007

25

Interview the Administrator to find out how the facility determines that feeding assistant has successfully completed a State approved training course that meets the requirements of §483.160 before the paid feeding assistants are allowed to assist/feed residents. Request to see the records that provided documentation that a paid feeding assistant has completed a State-approved training course prior to assisting the resident to eat or drink.

If the facility uses temporary (agency) staff to work as a paid feeding assistant, request documentation that validates that this person has met the minimum training requirements specified by the State.

Paid Feeding Assistants

Determination of Compliance



Determination of Compliance

- Synopsis of regulation
- Criteria for compliance
- Noncompliance for F373



2007

27

Compliance with the Paid Feeding Assistant requirements must be determined based upon the findings related to the regulation and guidance provided at 42 CFR 483.35 Dietary Services – Paid Feeding Assistants (F373).

The information collected during the investigation should be used by the survey team for their deficiency determination at Task 6 in Appendix P. The survey team must evaluate the evidence documented during the survey to determine if a deficiency exists due to a failure to meet a requirement and if there are any negative resident outcomes or potential for negative outcomes due to the failure.

Compliance and severity of any non-compliance must be determined separately for each resident in the sample.

Determination of Compliance Synopsis of Regulation

The paid feeding assistant requirement has five aspects:

1. State-approved training course.
2. Resident selection
3. Supervision by an RN or LPN
4. Only assists residents who have no complicated feeding problems
5. Maintenance of records



2007

28

The paid feeding assistant requirement has five aspects in order to assure that residents receiving the services of a paid feeding assistant is appropriate for the individual resident. These five aspects include:

- Staff who are used as paid feeding assistants must have completed a State-approved training course;
- The facility must base resident selection to be fed by a paid feeding assistant on the charge nurse's assessment and resident's latest assessment and care plan;
- Paid feeding assistants must work under the supervision of an RN or LPN, and, in an emergency, must call a supervisory nurse for help on the resident call system;
- Paid feeding assistants assist only residents who have no complicated health problems related to eating or drinking that make them ineligible for these services; and
- The facility must maintain a record of all individuals used by the facility as paid feeding assistants, and must maintain documentation of successful completion of a State-approved training course by these individuals.

Determination of Compliance Criteria for Compliance

The facility is in compliance with this requirement if they have met all of the aspects for:

- Training & supervision of paid feeding assistants
- Selection of residents to receive these services
- Maintenance of records



2007

29

The facility is in compliance with this requirement if all of the following are met:

- If the facility only employs paid feeding assistants who have successfully completed a State-approved course before providing assistance;
- If the facility selected qualified residents based on the charge nurse's ongoing assessment and the latest assessment and plan of care;
- If the facility provided supervision by an RN or LPN;
- If the facility provided in cases of emergency a working call system for the paid feeding assistant to summon help in an emergency;
- If the facility ensures that the paid feeding assistant only assists residents who have no complicated health problems related to eating or drinking that make them ineligible for these services; and
- If the facility maintains a record of all individuals used by the facility as paid feeding assistants, and maintain documentation of the paid feeding assistant's successful completion of a State approved training course.

If not, cite F373.

Determination of Compliance Noncompliance for F373

Noncompliance for F373 may include, but is not limited to, one or more of the following:

- Failure to complete the State-approved training program
- Failure to supervise
- Failure to select appropriate resident
- Failure to maintain records



2007

30

Message:

The information collected during the investigation should be used by the survey team for their deficiency determination at Task 6 in Appendix P. The survey team must evaluate the evidence documented during the survey to determine if a deficiency exists due to a failure to meet a requirement and if there are any negative resident outcomes or potential for negative outcomes due to the failure. Let's spend some time reviewing examples of each of the aspects of the paid feeding assistant requirement that could lead to a citation of noncompliance at F373. These examples are identified within the Determination of Compliance section of the guidance:

- An employee of the facility (permanent or temporary) who has not successfully completed the State-approved course is assisting a resident to eat/drink;
- The facility allowed a paid feeding assistant who has completed a course that is not State-approved to assist a resident to eat/drink;
- A paid feeding assistant was observed assisting a resident in a location without a call system available or other means of emergency notification;
- A resident not assessed by the charge nurse as eligible for these services or ineligible for services due to complicated eating/drinking problems was being assisted by a paid feeding assistant;
- A paid feeding assistant was not being supervised by a RN or LPN;
- RN or LPN staff members assigned to supervise paid feeding assistants were observed to be unavailable (e.g., not in reach of contact through the call system);
- The clinical record of a resident being assisted by a paid feeding assistant did not show evidence in the assessment or care plan that the resident was eligible to receive assistance from a paid feeding assistant;
- The facility did not maintain records of paid feeding assistants working in the facility; or
- The facility did not maintain documentation of a paid feeding assistant's successful completion of a State approved paid feeding training course.

Additional Investigation

Potential Tags for Additional Investigation



2007

31

Message:

Potential Tags for Additional Investigation

If noncompliance with F373 has been identified, during the course of the review, questions or issues may have arisen with regard to additional requirements related to outcome, process &/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether noncompliance may be present.

The guidance provides a list of some of the tags where concerns may have arisen. The surveyor may investigate any other tag as deemed appropriate.

Paid Feeding Assistants

Deficiency Categorization



2007

32

We will briefly review the bases for determining the severity of a deficiency and provide examples of the severity levels.

Deficiency Categorization Severity Determination

The key elements for severity determination are:

- Presence of harm or potential for negative outcomes because of lack of appropriate treatment
- Degree of harm (actual or potential) related to the non-compliance
- The immediacy of correction required



2007

33

Message:

The bases for determining which level of Severity applies are:

1. Presence of harm/negative outcomes or potential for negative outcomes because of lack of appropriate use of paid feeding assistants. Non-compliance related to an actual or potential harm/negative outcome for F373 may include, but is not limited to:
 - A resident who is not eligible to receive these services is assisted by a paid feeding assistant;
 - A resident who is eligible to receive these services is assisted by a paid feeding assistant and develops coughing and/or choking episodes related to the paid feeding assistant using poor techniques indicating lack of appropriate supervision
2. Degree of harm (actual or potential) related to the non-compliance: Identify how the facility practices caused, resulted in, allowed, or contributed to the actual or potential for harm:
 - If harm has occurred, determine if the harm is at the level of serious injury, impairment, death, compromise, or discomfort; or
 - If harm has not yet occurred, determine how likely is the potential for serious injury, impairment, death, or compromise or discomfort to occur to the resident.
3. The immediacy of correction required:

Determine whether the non-compliance requires immediate correction in order to prevent serious injury, harm, impairment, or death to one or more residents.

The survey team must evaluate the harm or potential for harm based upon the following levels of severity for tag F373. First, the team must rule out whether Severity Level 4, Immediate Jeopardy to a resident's health or safety exists by evaluating the deficient practice in relation to immediacy, culpability, and severity. (Follow the guidance in Appendix Q.)

NOTE: The death or transfer of a resident who was harmed or injured as a result of facility non-compliance does not remove a finding of immediate jeopardy. The facility is required to implement specific actions to correct the non-compliance which allowed or caused the immediate jeopardy.

Deficiency Categorization Severity Determination Levels

- **Level 4:** Immediate Jeopardy to resident health or safety
- **Level 3:** Actual Harm that is not Immediate Jeopardy
- **Level 2:** No actual harm with potential for more than minimal harm that is not immediate jeopardy
- **Level 1:** No actual harm with potential for minimal harm



2007

34

The survey team must evaluate the harm or potential for harm based upon the following levels of severity for tag F373:

First, the team must rule out whether Severity Level 4, Immediate Jeopardy to a resident's health or safety, exists by evaluating the deficient practice in relation to immediacy, culpability, and severity. Appendix Q provides additional guidance for determining Immediate Jeopardy.

Deficiency Categorization

Severity Level 4: Immediate Jeopardy

Level 4: Immediate Jeopardy to resident health or safety

- Noncompliance with one or more requirements of participation:
 - Has resulted in or is likely to result in serious injury, harm, impairment, or death to a resident; and
 - Requires immediate correction



2007

35

Message:

Some examples of Severity Level 4 include:

- An eligible resident in an activity room who is being improperly assisted to eat by a paid feeding assistant, experiences choking, there was no call system readily available, and/or the supervising nurse was not available to assist, and the resident expired;
- A resident who is not eligible to receive these services due to complicated feeding problems is assisted by a paid feeding assistant, whether or not the resident has experienced negative outcomes.

Deficiency Categorization

Severity Level 3: Actual Harm

Level 3: Actual harm that is not immediate jeopardy

- Noncompliance resulted in actual harm
- May include clinical compromise, decline, or resident's inability to maintain and/or reach his/her highest practicable level of well-being



2007

36

An example of Severity Level 3 include:

An eligible resident in an activity room who is being improperly assisted to eat by a paid feeding assistant, experiences choking, and the supervising nurse was not available to assist, and it was necessary for staff to provide an intervention but it was not necessary to hospitalize the resident.

NOTE: If severity level 3 (actual harm that is not immediate jeopardy) has been ruled out based upon the evidence, then evaluate as to whether level 2 (no actual harm with the potential for more than minimal harm) exists.

Deficiency Categorization

Severity Level 2: No Actual Harm/Potential

- **Level 2:** No actual harm with potential for more than minimal harm that is not immediate jeopardy

Noncompliance resulted in:

- No more than minimal discomfort to resident; and/or
- Has potential to compromise resident's ability to maintain or reach his/her highest practicable level of well-being



2007

37

Some examples of Severity Level 2 include:

Paid feeding assistants are assisting eligible residents to eat in an area with no call system, and the supervising nurses are not nearby, but there have been no resident outcomes; and

Eligible residents are being assisted to eat by employees who are not nursing assistants and have not successfully completed a State approved paid feeding assistant training course, and there were no resident negative outcomes.

Deficiency Categorization

Severity Level 1: Potential for Minimal Harm

Level 1: No actual harm with potential for minimal harm

- Noncompliance with F329 places resident at risk for more than minimal harm



2007

38

Some examples of severity level 1 include:

Facility did not maintain a record of individuals used by the facility as paid feeding assistants.

Facility did not maintain records verifying that the paid feeding assistant had successfully completed a State approved training course for paid feeding assistants.